MARYLAND STATE DEPARTMENT OF HEALTH

03969

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

1. PLACE OF DEATH
COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
MARYLAND
LENGTH OF STAY (in this place) About 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reliance Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural, give location) Reliance Road

3. NAME OF DECEASED (Type or Print) (First) Herman (Middle) (Last) Capp

4. DATE OF DEATH (Month) April (Day) 14 (Year) 1950

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH About 1910

9. AGE last birthday About 40 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Unknown

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT Information taken from Lapel insurance policy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Probably Heart Disease — a)

4343 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 95c (b) History of being ill for sometime

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dawson C. George Deputy Medical Examiner 4/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF April 17, 1950

NAME OF CEMETERY OR CREMATORY Salisbury Cemetery

LOCATION (City, town, or county) (State) Salisbury, North Carolina

DATE REC'D BY LOCAL REG. April 14, 1950

REGISTRAR'S SIGNATURE J. J. Frampton

24. FUNERAL DIRECTOR ADDRESS J.J. Frampton & Son, Federalsburg, Md.

XV×99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03910

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston - Rural
LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Bethlehem

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston - Rural
STREET ADDRESS (If rural, give location): Near Bethlehem

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Floyd	W.	Coleman	April	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. 27, 1901	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm Owner	Trappe, Talbot County, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Rockwood F. Coleman	Effie L. Covey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	None	Mrs. Emma M. Coleman, Preston, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
974x Immediate cause	(a) Strangulation - Suicide	immediate
164a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Physioneurosis	6 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Farm	Rural Preston	Caroline	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
4	25	70	4 P.m.		Hanged Self.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Lawton L. George	Dpty Medical Examiner	Denton Md.	4/30/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 30, 1950	Concord Cemetery	Near Federalsburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 30, 1950	J. J. Frampton	J. J. Frampton and Son,	Federalsburg, Md.

000VV

RECEIVED
MAY 4 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03911

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Caroline
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
LENGTH OF STAY (in this place): 24 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Elliott Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg
STREET ADDRESS (If rural, give location): Elliott Street

3. NAME OF DECEASED (Type or Print): (First) Rosie (Middle) L. (Last) Coulbourn

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 28, 1888

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Dorchester County, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Walter J. Bradley

14. MOTHER'S MAIDEN NAME: Lillie Parris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: William G. Coulbourn, Federalsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

46e (b) Non-Functioning rt. Kidney, poss. metastatic Ca. of left Kidney

(c) Carcinoma of the intestine, poss. pancreas

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Apr. 1, 1950, to 14 Apr. 1, 1950, that I last saw the deceased alive on 14 Apr. 1, 1950, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: John C Rawlins (Degree or title) MD. ADDRESS: Federalsburg, Md DATE SIGNED: April 17, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: April 17, 1950
NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery
LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: April 17, 1950
REGISTRAR'S SIGNATURE: J. J. Framptom

24. FUNERAL DIRECTOR ADDRESS: J. J. Framptom and Son, Federalsburg, Md.

RECEIVED
APR 26 1950
BUREAU V. S.

M

D.W. George

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03912

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Denton
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Bell (Last) Eaton

4. DATE OF DEATH: (Month) Apr. (Day) 5th (Year) 1950

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Apr. 17th 1878

9. AGE last birthday: 71 yrs. — If under 1 year: Months 11, Days 12 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: N.D.A

13. FATHER'S NAME: John Carroll

14. MOTHER'S MAIDEN NAME: Ida Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Miss Marie Eaton. Denton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause	(a) Cerebral Hemorrhage	1 Month
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	?
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 4, 1950, to April 5, 1950, that I last saw the deceased alive on April 3, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE: Dawson D George (Degree or title) MD — ADDRESS: Denton MD — DATE SIGNED: 4/7/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Apr. 7th 50 — NAME OF CEMETERY OR CREMATORY: Denton Cemetery — LOCATION (City, town, or county): Denton (State): Md.

DATE REC'D BY LOCAL REG.: 4/7/50 — REGISTRAR'S SIGNATURE: Wm D O George — 24. FUNERAL DIRECTOR: J. Virgil Moore & Son — ADDRESS: Denton

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 11 1950
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH· COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro - Rural; LENGTH OF STAY (in this place) 7 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Goldsboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) August	(Middle) Michael	(Last) Frase	4. DATE OF DEATH	(Month) April	(Day) 6	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify) Widowed	8. DATE OF BIRTH May 7, 1870	9. AGE last birthday 79 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME William Frase	14. MOTHER'S MAIDEN NAME Elizabeth Mueller						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) —	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Harry Koch - Greensboro, Maryland					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchial Asthma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1949, to April 6, 1950, that I last saw the deceased alive on April 5, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles H Hinson Jr	MD	Greensboro Md	4/7/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE April 9, 1950	NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery	LOCATION (City, town, or county) (State) Federalsburg, Maryland
DATE REC'D BY LOCAL REG. April 9/50	REGISTRAR'S SIGNATURE A Clark Smith	24. FUNERAL DIRECTOR J.J. Frampton and Son, Federalsburg, Md.	ADDRESS

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 15 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02913 Reg. Dist. No. 66

1. PLACE OF DEATH
COUNTY: Caroline — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
LENGTH OF STAY (in this place): 5 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Talbott
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Chaple
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Asbury (Middle) (Last) Groce

4. DATE OF DEATH: (Month) 4 (Day) 2 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8/9/18~~77~~

9. AGE last birthday: ~~66~~ 72 yrs. — If under 1 year: Months 7, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Tenant

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Thomas Groce

14. MOTHER'S MAIDEN NAME: Annie Casson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Wilbert Groce 3713N. 15 St.Phila. Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X Immediate cause (a) Carcinoma of the stomach

46b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with metastasis to the Liver

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 28, 1950

19b. MAJOR FINDINGS OF OPERATION: Ca of stomach with Metastasis to Liver

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11, 1950, to 4/2, 1950, that I last saw the deceased alive on 3/16, 1950, and that death occurred at 10A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Kurt Lederer M.D. Queen Anne, Md 4/5/1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/5/50 — NAME OF CEMETERY OR CREMATORY: Groce Burial GROUND — LOCATION (City, town, or county) (State): Near Ridgely, Md.

DATE REC'D BY LOCAL REG.: April 5, 1950 — REGISTRAR'S SIGNATURE: Mary E. Laird — 24. FUNERAL DIRECTOR: R.B. Rawlings — ADDRESS: Greensboro, Md.

VV

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 10 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03014

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethlehem — LENGTH OF STAY (in this place): 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethlehem
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ELLA (Last) HARDING			4. DATE OF DEATH (Month) APRIL (Day) 25 (Year) 1950		
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: 4/16, 1866	9. AGE last birthday: 84 yrs.	If under 1 year: Months. / Days: 9 / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY: Housewife	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Rev. Isiah Christopher		14. MOTHER'S MAIDEN NAME: Melisa Willoughby			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No	16. SOCIAL SECURITY No.: No	17. INFORMANT AND ADDRESS: Mrs. Mammie Hubbard			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerosis Generalized — 10 yrs

450.0

Antecedent cause(s)

97

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Dementia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22, 1950 to 4/25/, 1950 that I last saw the deceased alive on 4/22/50, 19..., and that death occurred at 12.05 Am., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	P.P.Box#95 Preston md	4/26/50

23. BURIAL, CREMATION REMOVAL (Specify): B	DATE: Apr.27-50	NAME OF CEMETERY OR CREMATORY: Spring Hill	LOCATION (City, town, or county) (State): Easton, Md.
DATE REC'D BY LOCAL REG.: 4/25/50	REGISTRAR'S SIGNATURE: Cornelia D. Plummer	24. FUNERAL DIRECTOR: H. M. Hollis	ADDRESS: Preston, Md.

RECEIVED
APR 28 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03917 60

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marydel
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marydel
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Emory (Last) Heather Sr.

4. DATE OF DEATH (Month) 4 (Day) 24 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10/5/1871
9. AGE last birthday 78 yrs. If under 1 year Months 6 Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor Retail Grocery store
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Martin V. Heather
14. MOTHER'S MAIDEN NAME Marietta Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Sp.Am.War
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Thomas E. Heather Jr. Marydel, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 24, 1950, to Apr. 24, 1950, that I last saw the deceased alive on Apr. 24, 1950, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

SIGNATURE Charles H. Honesifer Md (Degree or title) ADDRESS Greensboro, Md DATE SIGNED 4/25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/27/50
NAME OF CEMETERY OR CREMATORY Sudlersville
LOCATION (City, town, or county) Sudlersville, Md. (State)

DATE REC'D BY LOCAL REG. 4/27/50
REGISTRAR'S SIGNATURE A. Clark Smith
24. FUNERAL DIRECTOR R. B. Rawlings Greensboro, Md. ADDRESS

15661

RECEIVED
MAY 3 1960
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03916

Reg. Dist. No. 62

1. PLACE OF DEATH — COUNTY: Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro, Md. — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Greensboro, Md.
STREET ADDRESS (If rural, give location): HELMSORIG

3. NAME OF DECEASED (Type or Print): (First) Fritz (Middle) William (Last) Helmsorig
4. DATE OF DEATH: (Month) Apr. (Day) 2nd (Year) 1950
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widower
8. DATE OF BIRTH: Nov. 7th 1888
9. AGE last birthday: 61 yrs. — If under 1 year: Months 4, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wadoshah
12. CITIZEN OF WHAT COUNTRY? Germany
13. FATHER'S NAME: Wm Ludherty Helmsorig
14. MOTHER'S MAIDEN NAME: not known, Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Fritz Helmsorig, Greensboro

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Stomach

151 X Antecedent cause(s)

46 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Coronary Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1950, to April 2, 1950, that I last saw the deceased alive on April 2, 1950, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE: Charles H. Greensfer (Degree or title) M.D. — ADDRESS: Greensboro, Md. — DATE SIGNED: 4/5/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Apr. 5-50 — NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery — LOCATION (City, town, or county): Near Denton (State): Md.
DATE REC'D BY LOCAL REG.: 4/5/50 — REGISTRAR'S SIGNATURE: Mrs O George
24. FUNERAL DIRECTOR: Jo Virgil Moore & Son — ADDRESS: Denton

34089

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 25 1950
BUREAU V. S.

M

C

MARYLAND STATE DEPARTMENT OF HEALTH Birth & Death.

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No. 62

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Caroline

City or town Denton
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution:

Length of mother's stay in County 23 years.
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Caroline

City or town Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No. West Denton
(If RURAL give LOCATION)

3. Name of child Baby Hill

4. Date of birth April 2 1950 Hour 7105 P M.

5. Sex Female | 6. Twin or triplet —

7. No. of weeks pregnancy 27

FATHER OF CHILD

8. Full name Lee Travers

9. Color White 10. Age at time of this birth 30 yrs.

11. Usual occupation Truck Driver

MOTHER OF CHILD

12. Full maiden name Hilda Hill

13. Color White 14. Age at time of this birth 23 yrs.

15. Usual occupation House work - at home

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? One
(b) How many other children were born alive but are now dead? None (c) How many other children were born dead? None

17. Did child die before labor? No During labor? No

18. Pregnancy, complications of Congenital syphilis

19. Labor: (a) Complications of
(b) Induced?

20. (a) Was there an operation for delivery? No (Yes or No)
(b) State all operations, if any
(c) Did child die before operation? —
During operation?

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.
(a) Fetal causes
(b) Maternal causes Probably Congenital Syphilis prematurity -

220.2

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

30 P

Signature E. Paul Knotts MD
(Specify if M. D., midwife, or other)

Address Denton Md.

23. (a) Burial (Burial, cremation or removal) (b) Date thereof 4-4-50 (month) (day) (year)
(c) Cemetery or crematory Denton

24. (a) Funeral director J. V. Moore & Son
(b) Address Denton Md

25. (a) 4-3-50 (Date rec'd by registrar) (b) Mrs. D. O. George (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

child lived 2½ hours

weight 30 oz.

I

T

V. S. A10

* See Instruction C on stub.

1-0-4-02-0-23-2-27-0

RECEIVED
APR 7 1950
BUREAU

03918

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 56

1. PLACE OF DEATH · COUNTY Ridgely, Carolina MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md COUNTY Carolina
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Alice (Middle) Lane (Last)			4. DATE OF DEATH (Month) 4 (Day) 2 (Year) 1950		
5. SEX F	6. COLOR OR RACE W	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)	8. DATE OF BIRTH 1-29-71	9. AGE last birthday 79 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John McCloud		14. MOTHER'S MAIDEN NAME Barbara Rathwin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Ronald Lane			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

176 X Immediate cause (a) Carcinoma of the Vagina

Antecedent cause(s)

49c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Heart

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1-2, 1949 to 4-2, 1950, that I last saw the deceased alive on 4-2, 1950, and that death occurred at F.P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. F. McPherson	M.D.	Centreville	4-5-50

23. ~~BURIAL~~, CREMATION REMOVAL (Specify) BURIAL	DATE 4-5-50	NAME OF CEMETERY OR CREMATORY Midgely	LOCATION (City, town, or county) Midgely	(State) Md
DATE REC'D BY LOCAL REG. April 5, 1950	REGISTRAR'S SIGNATURE Mary E. Laird	24. FUNERAL DIRECTOR Edgar L Lane	ADDRESS Church Hill Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 10 1950
BUREAU OF S.

03919

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Denton
LENGTH OF STAY (In this place) 5 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Md
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Harvey (Middle) Lewis (Last)

4. DATE OF DEATH (Month) April (Day) 26 (Year) 1950

5. SEX M

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH (Month) Not Known (Day) 1884

9. AGE last birthday about 65 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Labor

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Caroline Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Obe Lewis

14. MOTHER'S MAIDEN NAME Wilminia Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Annie Taylor (a friend) Denton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442x Immediate cause (a) Cardio Vascular Renal Diseas — Interval Between Onset and Death: Several Mos

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/25, 1950, to 4/26, 1950, that I last saw the deceased alive on 4/25, 1950, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hanson Georg M.D. ADDRESS Denton Md DATE SIGNED 5/1/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE May 1, 1950 NAME OF CEMETERY OR CREMATORY Springrove LOCATION (City, town, or county) Denton Caroline (State) Md

DATE REC'D BY LOCAL REG. 5/1/50 REGISTRAR'S SIGNATURE Wm D A Georg

24. FUNERAL DIRECTOR J Virgil Moore Son ADDRESS Denton

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

M

I

RECEIVED
MAY 5 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

D3920

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
LENGTH OF STAY (in this place) 4½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 206 East Central Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg
STREET ADDRESS (If rural, give location) 206 East Central Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lottie	W.	Martin	April	13	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	October 6, 1893	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Accomac County, Virginia	U.S.A.

13. FATHER'S NAME: Charles M. Tull

14. MOTHER'S MAIDEN NAME: Mary Virginia Covington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Mrs. Everett White, Federalsburg, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcenoma of left breast

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Metastases

(c)

170X
50

INTERVAL BETWEEN ONSET AND DEATH: 2yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 1, 1948 to April 13th, 1950, that I last saw the deceased alive on 4/13, 1950, and that death occurred at 3:45 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank M. Anderson	M.D.	Federalsburg, Maryland	April 15, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	April 15, 1950	Oak Hall Cemetery	Oak Hall, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 15, 1950	J.J. Frampton	J.J. Frampton and Son	Federalsburg, Md.

RECEIVED
APR 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03921

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (in this place) 6 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridgeville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 215 Macon Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emma	Rebecca	Martinez	April	16	50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Colored	Married	Oct. 5, 1918	31 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Day Laborer	Domestic	Coatesville, Penna.	U.S.A.

13. FATHER'S NAME: James Scott

14. MOTHER'S MAIDEN NAME: Della Camper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ---

17. INFORMANT AND ADDRESS: Anna Christe, Brooklyn, New York

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carbon Monoxide Poisoning

824.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

178B (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
accident	Highway -	Rural Federalsburg	Caroline	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		fell asleep in auto. Engine running

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D George	Deputy Medical Examiner	Denton, Maryland	April 19, 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 19, 1950	Federal Hill Cemetery	Federalsburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 19, 1950	J. J. Framptom	J. J. Framptom and Son	Federalsburg, Md.

52006

RECEIVED
MAY 1 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03922

Reg. Dist. No. 63

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston - Rural
LENGTH OF STAY (in this place): 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Harmony

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Preston - Rural
STREET ADDRESS (If rural, give location): Near Harmony

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Ellsworth (Last) Meritt
4. DATE OF DEATH: (Month) April (Day) 30 (Year) 50

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: June 22, 1883
9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Tenant
11. BIRTHPLACE (State or foreign country): Burlington, West Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James H. Meritt
14. MOTHER'S MAIDEN NAME: Anna Sarah Irvine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 234-12-0580
17. INFORMANT: Mrs. Delphia E. Meritt, Preston, Md. RFD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocarditis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	4 Yrs
	(c) Hemiplegia	6 Mos

334x
93a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Denson D. George Deputy Medical Examiner
ADDRESS: Denton Md
DATE SIGNED: 5/7/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 4, 1950
NAME OF CEMETERY OR CREMATORY: Linchester Cemetery
LOCATION (City, town, or county) (State): Near Preston, Maryland

DATE REC'D BY LOCAL REG.: May 4, 1950
REGISTRAR'S SIGNATURE: Cornelia W. Plummer
24. FUNERAL DIRECTOR: J. J. Framptom and Son, Federalsburg, Md.
ADDRESS

VS. A15A

RECEIVED
MAY 6 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

13923

Reg. Dist. No. 6-1

1. PLACE OF DEATH: COUNTY Caroline; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro; LENGTH OF STAY (in this place) 50 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Stewart Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greensboro; STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Charlotte (Middle) Wickes (Last) Moore

4. DATE OF DEATH: (Month) 4 (Day) 10 (Year) 50

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 4/14/1872

9. AGE last birthday: 77 yrs. If under 1 year: Months 01 Days 27 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Wickes

14. MOTHER'S MAIDEN NAME: Charlotte Spencer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mary Kibler 240 Brydon Rd. Dayton, O

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Chronic Nephritis

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c) Influenza

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 5, 1949 to April 10, 1950, that I last saw the deceased alive on April 9, 1950, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED 4/12/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 4/13/50 | NAME OF CEMETERY OR CREMATORY: Shrewsbury | LOCATION (City, town, or county) (State): Shrewsbury, Md.

DATE REC'D BY LOCAL REG.: April 12-1950 | REGISTRAR'S SIGNATURE: L. Mac Pippin | 24. FUNERAL DIRECTOR ADDRESS: R.B. Rawlings Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11392 764

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; LENGTH OF STAY (in this place) 14 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS North Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg; STREET ADDRESS (If rural, give location) 125 Academy Avenue

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Wingate (Last) Neal

4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 2, 1889

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk in Store

10b. KIND OF BUSINESS OR INDUSTRY: General Store

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles R. Neal

14. MOTHER'S MAIDEN NAME: Sulah E. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes - (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.: 213-22-8852

17. INFORMANT AND ADDRESS: Mrs. Louise S. Neal, Federalsburg, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a

(b) Coronary heart disease

(c) Hypertension mild —

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 August, 19 49, to 1 April, 19 50, that I last saw the deceased alive on 24 January 19 50, and that death occurred at 6:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John C Rawlins MD. Federalsburg Md. 5 April 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: April 5, 1950

NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery

LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: April 5, 1950

REGISTRAR'S SIGNATURE: J. J. Frampton

24. FUNERAL DIRECTOR ADDRESS: J. J. Frampton and Son, Federalsburg, Md.

26679

RECEIVED
APR 26 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

03925

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bridgeville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Philadelphia
STREET ADDRESS (If rural, give location) 2318 West York Street

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) Sylvester (Last) Quailes

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 25, 1913

9. AGE last birthday: 36 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: Service Trucking Co.

11. BIRTHPLACE (State or foreign country): Caroline County, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Howard B. Quailes

14. MOTHER'S MAIDEN NAME: Lena Ricketts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-16-7409

17. INFORMANT AND ADDRESS: Beatrice M. Quailes, Philadelphia, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carbon Monoxide Poisoning -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Went to sleep while Car was running -

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Residence
(CITY OR TOWN) Rural Federalsburg (COUNTY) Caroline (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fell asleep in auto. engine running

22. I hereby certify that I attended the deceased from Did not See Deceased, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE: Samuel D. George (Degree or title) Deputy Medical Examiner ADDRESS Denton, Maryland DATE SIGNED April 19, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 20, 1950
NAME OF CEMETERY OR CREMATORY: Federal Hill Cemetery
LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG. April 19, 1950
REGISTRAR'S SIGNATURE: J. J. Frampton

24. FUNERAL DIRECTOR ADDRESS: J. J. Frampton and Son, Federalsburg, Md.

42050

APR 26 1950
BUREAU U. S.

03926

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton, Rural
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Shepperd (Last) Shaffer
4. DATE OF DEATH (Month) 4 (Day) 3d, (Year) 1950 19

5. SEX Femail
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan, 3, 1875
9. AGE last birthday 75 yrs. If under 1 year Months 2 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Baltimore. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Joseph Biles
14. MOTHER'S MAIDEN NAME Catherine Oberlander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. X
17. INFORMANT AND ADDRESS Newton O. Shaffer. Denton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage c̄ hemiplegia

443 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardio Vascular Disease c̄ hypertension

93d (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 30, 1950, to April 3, 1950, that I last saw the deceased alive on April 2, 1950, and that death occurred at 11:32 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H Horsey for Mr & ADDRESS Greensboro Md DATE SIGNED April 4 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4/5/50
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. 4/5/50
REGISTRAR'S SIGNATURE Wm D O George
24. FUNERAL DIRECTOR R. B. Rawlings ADDRESS Greensboro, Md.

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03927

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton - Rural
LENGTH OF STAY (in this place) Life (50 yrs.)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Andersontown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton - Rural
STREET ADDRESS (If rural, give location) Near Andersontown

3. NAME OF DECEASED (Type or Print): (First) Harrison (Middle) Smith (Last) Stanley

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: October 14, 1874

9. AGE last birthday: 75 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmhand

11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Stanley

14. MOTHER'S MAIDEN NAME: Henrietta Rideout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Lourenda Stanley, Denton, Maryland, R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c)	

331X
330

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 20, 1949, to Apr. 11, 1950, that I last saw the deceased alive on Apr. 11, 1950, and that death occurred at 8:45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
W. L. Small, M.D. — Denton, Md. — Apr. 13-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 15, 1950 — NAME OF CEMETERY OR CREMATORY: Federal Hill Cemetery — LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: April 14, 1950 — REGISTRAR'S SIGNATURE: J.J. Frampton

24. FUNERAL DIRECTOR — ADDRESS: J.J. Frampton and Son, Federalsburg, Md.

VS. A15

APR 26 1950
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03928

CERTIFICATE OF DEATH

Reg. Dist. No. 60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goldsboro; LENGTH OF STAY (in this place) 40 Yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goldsboro; STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) M. (Last) Swiggett

4. DATE OF DEATH: (Month) 4 (Day) 29 (Year) 50

5. SEX: Male

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2/3/1872

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laboror

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Caroline Co. Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: No Record

14. MOTHER'S MAIDEN NAME: Isabell Swiggett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Josie Dickerson Rural Goldsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

93d (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Bronchitis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1950, to Apr. 29, 1950, that I last saw the deceased alive on Apr. 28, 1950, and that death occurred at 9:30P. m., from the causes and on the date stated above.

SIGNATURE Charles H. Crawford (Degree or title) M.D. ADDRESS Greensboro Md. DATE SIGNED 5/1/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/3/50

NAME OF CEMETERY OR CREMATORY: Union

LOCATION (City, town, or county) (State): Near Greensboro, Md.

DATE REC'D BY LOCAL REG. 5/2/50

REGISTRAR'S SIGNATURE A Clark Smith

24. FUNERAL DIRECTOR: R. B. Rawlings ADDRESS Greensboro, Md.

82608

RECEIVED
JUN 8 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03921

CERTIFICATE OF DEATH

Reg. Dist. No. 62

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Caroline; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Denton
LENGTH OF STAY (in this place): 80 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Denton
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) H. (Last) Thawley

4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/17/1869

9. AGE last birthday: 80 yrs. If under 1 year: Months 6 Days 15 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Stock Dealer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: J. Wesley Thawley

14. MOTHER'S MAIDEN NAME: Mary E. Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Wesley Thawley Denton, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Sclerosis — 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 27, 1950, to 4/1, 1950, that I last saw the deceased alive on 4/1, 1950, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dawson D George MD — ADDRESS: Denton Md — DATE SIGNED: 4/3/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/4/1950 | NAME OF CEMETERY OR CREMATORY: Denton | LOCATION (City, town, or county) (State): Denton, Maryland

DATE REC'D BY LOCAL REG.: 4/3/50 | REGISTRAR'S SIGNATURE: Dawson D George | 24. FUNERAL DIRECTOR: R. B. Rawlings — ADDRESS: Greensboro, Md.

26699

RECEIVED
APR 7 1950
BUREAU OF

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03930

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near American Corner

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural, give location) Near American Corner

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) May (Last) Towers

4. DATE OF DEATH (Month) April (Day) 6 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Nov. 14, 1873

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Talbot County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hugh Cole

14. MOTHER'S MAIDEN NAME Margaret Vincent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Walter Willey, Denton, Md., R.F.D. #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremic Coma. 6 days.

442x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio - Vascular Renal Disease 6/6 1948

131a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1948, to Apr. 6, 1950, that I last saw the deceased alive on Apr. 5, 1950, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE W. E. Lemmon (Degree or title) MD ADDRESS Federalsburg, Md — DATE SIGNED 4-10-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 10, 1950

NAME OF CEMETERY OR CREMATORY Concord Cemetery

LOCATION (City, town, or county) (State) Near Federalsburg, Maryland

DATE REC'D BY LOCAL REG. April 10, 1950

REGISTRAR'S SIGNATURE J. J. Frampton

24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md. ADDRESS

RECEIVED
APR 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03931

Reg. Dist. No. 63

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

1. PLACE OF DEATH: COUNTY Caroline	MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston	LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	
2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Preston, Md.	
STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emily	May	Wrightson	April	1	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	M	Mar. 3 1871	79 yrs.		28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William W. Williamson	Mary Jane Fletcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		A. K. Wrightson Preston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 **Immediate cause**	(a) Acute Pulmonary edema	1 hour
Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease with Fibrillation 10 years	
	(c)	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Possibly 8 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from 8/22, 1936 to 4/1/, 1950., that I last saw the deceased alive on 4/1/ 1950, and that death occurred at 12:40A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Cornelia B. Plummer, M.D.	Preston, Maryland	4/1/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
B	4/3/50.	M. E. Church	Preston, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/1/50	Cornelia B. Plummer	H. M. Hollis	Preston

VS. A15

RECEIVED
APR 4 1950
BUREAU F. S.